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Priorities for the IPAS programs

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IPAS reshapes priorities

Goals help people focus. Goals are benchmarks by which one can measure their success. Goals are necessary in ensuring that agencies are constantly moving forward and adjusting to emerging problems and possibilities.

Every year, the Indiana Protection and Advocacy Services Commission develops and refocuses priorities to determine how its efforts will be directed.

This new set of priorities, outlined in detail on the following three pages, will be in use from October 1, 2001 to September 30, 2002.

These new priorities are based on input provided by IPAS clients, through feedback forms and phone interviews, and with guidance provided by the Protection and Advocacy for Individuals with Mental Illness Advisory Council. The priorities are approved by the IPAS Commission.

These changing priorities also consider new laws that have been passed and the increasing development of technology.

In particular, Protection and Advocacy for Individuals with Developmental Disabilities and Protection and Advocacy of Individual Rights are experiencing an addition of priorities.

PADD's first priority addition concentrates on helping individuals with developmental disabilities in seeking competitive employment.

The priority aims to provide technical support to these individuals either through in-

formation or assistance to case managers of Noble Industries regarding the Americans with Disabilities Act and employment rights.

The next priority states that in an effort to provide additional protection in legal matters, IPAS legal representatives will serve as guardian ad litem when needed.

The final PADD priority is designed to ensure that there is equal access to inclusive childcare. IPAS will accomplish this goal by disseminating information, providing technical assistance and participating in at least two events related to the provision of childcare.

PAIR has added two priorities to its existing goals.

The first involves providing technical assistance for individuals with disabilities who experience discrimination when applying for housing. Many Hoosiers with HIV are subjected to housing discrimination.

IPAS plans to disseminate information about its services to regional offices of Housing Opportunities for People with AIDS (HOPWA) and provide technical assistance to individuals facing discrimination.

The final PAIR priority is to identify disability related barriers that can be reduced or eliminated through IPAS advocacy efforts so that individuals with disabilities lead independent, productive lives free from disability related discrimination.

For more on individual priorities for the agency and its programs turn to page 2.

“Goals are necessary in ensuring that agencies are constantly moving forward and adjusting to emerging problems and possibilities.”

Agency Wide Priorities

Priority I.	To assure the provision of high quality advocacy services. Objectives: <ul style="list-style-type: none"> ■ To assess and report on the satisfaction experienced by individuals receiving information and referral services from IPAS. ■ To assess and report on the satisfaction experienced by individuals receiving advocacy services from IPAS.
Priority II.	Outreach to the public and to individuals with disabilities, concerning disability rights issues, IPAS services and successes. Objectives: <ul style="list-style-type: none"> ■ Conduct various public information activities, including a tri-annual newsletter, to inform individuals and groups about disability rights issues, and IPAS services and successes. ■ Conduct a series of focus groups with people with disabilities, families and advocates to identify barriers that interfere with their living a more full and productive life. Identified barriers will be considered for further development as future program priorities.
Priority III.	Outreach to minority and underserved individuals with disabilities concerning disability rights issues, IPAS services and successes. Objectives: <ul style="list-style-type: none"> ■ Conduct public information activities, including a tri-annual newsletter, to inform individuals and groups about disability rights issues, and IPAS services and successes. ■ Outreach to Indiana's Native Americans. ■ Outreach to Indiana's African Americans.

Protection & Advocacy for Assistive Technology

Priority I.	IPAS will support consumer empowerment and advocacy training, in conjunction with ATTAIN Inc., to increase the self-advocacy skills of individuals with disabilities and their families, advocates and other representatives, to enable them to obtain assistive technology services and devices through self-advocacy.
Priority II.	IPAS will provide representation for individuals with disabilities to assist them in obtaining assistive technology services and devices in the areas of education, health care, employment, community living and in the use of telecommunications. Such services may include investigation/fact finding, negotiation, representation in administrative due process procedures and legal representation to pursue litigation.
Priority III.	IPAS will review and analyze laws, regulations and policies, relevant to the rights of individuals with disabilities to assistive technology services and devices, and will make recommendations to appropriate parties related to such laws, regulations and policies, with the priority of promoting increased access to assistive technology services and devices for individuals with disabilities and protecting the rights of such persons to such services and devices.

Protection & Advocacy of Individual Rights

Priority I.	Increase access to ten ADA Title II entities statewide.
Priority II.	Increase access to ten ADA Title III entities statewide.
Priority III.	Reduce the number of students with disabilities who have their educational services reduced or terminated, due to suspension or expulsion, in violation of their right to receive a Free Appropriate Public Education (FAPE).
Priority IV.	Secure FAPE for incarcerated students with disabilities.
Priority V.	Provide technical assistance for individuals with disabilities who experience discrimination when applying for housing.
Priority VI.	Identify disability related barriers that can be reduced or eliminated through IPAS advocacy efforts.

Protection and Advocacy for Beneficiaries of Social Security

Priority I.	Provide assistance and individual representation to Social Security beneficiaries with disabilities who are seeking vocational rehabilitation services, employment services and other support services from employment networks and other service providers.
Priority II.	Provide consultation to and legal representation on behalf of beneficiaries with disabilities when such services become necessary to protect the rights of such beneficiaries. To the extent possible, alternative dispute resolution procedures will be used.
Priority III.	Advocate to identify and correct deficiencies in entities providing vocational rehabilitation services, employment services and other support services to beneficiaries with disabilities, including reporting to the program manager on identified deficiencies related to employment networks and other concerns related to the Ticket to Work and Self-Sufficiency Program.

Client Assistance Program

Priority I.	IPAS will secure vocational rehabilitation services and independent living services for eligible individuals.
Priority II.	IPAS will advocate that VRS and independent living center services applicants and clients have the opportunity to make informed choices and fully participate throughout the VR process.
Priority III.	IPAS will promote and preserve informed client choice in all proposed VRS policies.

Protection & Advocacy for Individuals with Developmental Disabilities

Priority I.	Reduce abuse and neglect at the Ft. Wayne and Muscatatuck Developmental Centers.
Priority II.	Assist residents and family members of Muscatatuck Developmental Center in securing appropriate treatment in the least restrictive environment.
Priority III.	Assure that individuals with developmental disabilities, who reside in or are seeking any state supported community living arrangements, are safe and have their habilitation service needs met.
Priority IV.	Eliminate discrimination that results in individuals with disabilities remaining in settings that are overly restrictive given their needs.
Priority V.	Reduce abuse and neglect of inmates with developmental disabilities at correctional facilities.
Priority VI.	Reduce the number of students with developmental disabilities who have their educational services reduced or terminated due to suspension or expulsion in violation of their right to receive FAPE.
Priority VII.	Increase the knowledge of special education rights and enhance self-advocacy skills of parents and other advocates to ensure preservation of the special education rights of students with developmental disabilities through education and training.
Priority VIII.	Provide technical support to individuals with developmental disabilities seeking competitive employment through Noble Industries.
Priority IX.	In some selected cases, IPAS legal representatives will serve as guardian ad litem.
Priority X.	IPAS will provide information and technical assistance to parents of children with developmental disabilities seeking or receiving childcare.

Protection & Advocacy for Individuals with Mental Illness

Priority I.	Through the training of individuals with mental illness and their families increase their knowledge about treatment rights.
Priority II.	Reduce/eliminate the abuse and neglect of individuals with mental illness.
Priority III.	Eliminate the incidents of civil rights being denied.
* Due to funding source requirements PAIMI priorities are structured differently than those for other IPAS programs. There are 26 specific objectives established under the above three priority areas.	

President Bush signs order, requires compliance

■ When possible, federal agencies must use community rather than institutional settings.

Just nine months after Indiana Governor Frank O'Bannon issued an executive order to promote better services for persons with disabilities, President George W. Bush has followed suit.

The President's order, signed June 18, calls on federal agencies to ensure that states comply with the Americans with Disabilities Act (ADA) and the Supreme Court ruling in the Olmstead case, which mandates states, whenever possible, to place qualified people with mental disabilities in a community setting rather than an institution.

States will have considerable help in carrying out these objectives in the form of federal grants.

This step comes after President Bush launched the New Freedom Initiative earlier this year. The plan is a set of proposals that will aid the 54 million Americans with disabilities in gaining access to technology, expanding educational opportunities and integrating into the community and workforce.

The plan calls for the allocation of \$8.6 billion in funding to these initiatives during the 2002 fiscal year alone.

Nearly 98 percent of that money will be funneled into special education programs, which is the largest special education funding increase ever proposed by a president. Nearly \$7.3 billion will be reserved for state grants.

The leftover funds will go toward providing transportation for persons with disabilities, financing low-interest loans for them to purchase assisted living equipment and computers to

telework from their homes, and updating facilities of establishments like churches and civic organizations that are exempt from complying with ADA regulations. Small businesses will also receive funding as encouragement to hire more people with disabilities and also to make facilities more accessible.

In September of last year, Governor O'Bannon's Executive Order 00-25 called for the Indiana Family and Social Services Administration (FSSA) to make short- and long-term recommendations for achieving community integration.

The FSSA presented a report to the Governor that evaluated the existing services and programs available to people with disabilities, including input of advocacy groups, task forces, consumers and other state agencies.

The report also made recommendations for how Indiana plans to achieve this integration.

Other federal funds will nearly double the budget for the recently established Office of Disability Employment at the Department of Labor. This division advocates for a higher number of individuals with disabilities finding employment in the competitive labor market.

In conjunction with President Bush's order, the Department of Housing and Urban Development announced an 11-state pilot plan called Project Access. This integration program will allocate vouchers to persons with disabilities for making payments and closing costs on a home, a smarter long-term investment compared to channeling money into monthly rent payments.

President Bush's Approach

Independent Living:

Assistive and universally designed technology can significantly enhance the independence and quality of life for people with disabilities. The President wants to remove the federal barriers to assistive technology by increasing funding for research, improving federal coordination and improving access to assistive technology. Education and home ownership are other keys to independent living, and President Bush wants to expand access to quality education and homeownership.

Expand Work Opportunity:

President Bush wants to ensure that Americans with disabilities can claim their rightful place in the workforce. Under the ADA, workplaces are less forbidding than they once were. But many still find it difficult or impossible to get to the workplace. Therefore, the plan will make transportation more accessible and affordable and to aggressively promote telework. In addition, the plan will try to ensure that Americans with disabilities do not lose their disability benefits once they take a job.

Access to Community Life:

The President wants to eliminate barriers to full participation in civic life. Americans with disabilities should have full access to community-based care, quality mental health services, access to the political process, and access to ADA-exempt organizations such as religious organizations and clubs.

source: <http://www.georgewbush.com>

Glimpses of IPAS services in action

CHRISTIE AND THE MUSCATATUCK CENTER

On October 3, 2000, Jeanne contacted staff from ATTIC, the independent living center located in southwest Indiana, about her daughter leaving Muscatatuck State Developmental Center in Butlerville to live in her own community close to her family. Christie had been scheduled to leave in June 2000 on a Medicaid Waiver, but the move did not occur.

ATTIC contacted state officials and IPAS for assistance. Muscatatuck insisted Christie would be placed in a group of two-to-three people. Her guardian stated that Christie's needs precluded a roommate.

In Jan. 2001, IPAS said they would take legal action if she were not moved.

In Feb. 2001, a meeting was held with representatives from Muscatatuck, IPAS, ATTIC and the Bureau of Developmental Disabilities, during which obstacles to Christie living on her own were presented.

Over the next few months, several groups worked to help find solutions to the obstacles.

On June 27, 2001, one year after her scheduled leave, Christie left Muscatatuck and now lives in her own home.

JIM AND DENTAL ASSISTANCE

Jim's Qualified Mental Retardation Professional contacted IPAS over concerns that Jim needed dental care.

The care was not being given due to provider concerns as to Jim's ability to give informed consent. At the time IPAS was called, Jim had an abscessed tooth and was at high risk for both infection and cardiac complications due to a diagnosis of Marfan's Syndrome, which causes weak connective tissue in the heart, skeletal system, eyes and other organs.

Outside evaluations supported the need to treat the abscessed tooth. IPAS provided technical assistance to the care provider and explained the differences between health care representative and guardianship.

With this technical assistance, a health care representative was selected and the dentist successfully treated the tooth.

LEWIS AND MADISON STATE HOSPITAL

Lewis is a patient at the Madison State Hospital. Last December, two members of the hospital staff took him to complete his Christmas shopping.

Lewis had a \$180 gift certificate from Wal-Mart. The two staff members assisted him in converting the gift certificate to cash, at which point they took the money for themselves.

An IPAS advocate was assigned to help Lewis seek prosecution against the two

staff members. Following fact-finding interviews with Lewis and staff, collaboration with investigators at Madison State Hospital, Adult Protective Services and with the Indiana State Police, the Jefferson County Prosecutor was urged to prosecute to the full extent of the law.

The case went to trial and the individuals made restitution to Lewis and received substantial fines and jail time.

JILL AND STATE COLLEGE

Jill had experienced seizures throughout her entire life. To her they were no big deal. She had gotten along fine during her first year at college, where she lived in a dormitory.

Then she received a letter from the college informing her that she would not be permitted to live in the dorm next year. She met with the dean, and it was explained that her seizures caused the staff and residents to become uncomfortable. Jill felt the school was discriminating against her because of her seizures.

She was referred to IPAS. Her advocate assisted her in informing the college about her situation, reassuring them that her presence posed no extraordinary liability to them. Additionally, the advocate informed the officials about the American's with Disabilities Act and about discrimination on the basis of disability.

The college invited Jill to return to live in the dormitory and arranged for those in the dorm to learn about the benefits that diversity brings and to obtain information about her condition.

IPAS AND DAIRY MART

In the fall of 1999, an IPAS advocate notified Dairy Mart that the accommodations at three of the Southeastern Indiana stores did not comply with the regulations established under Title III of the Americans with Disabilities Act.

When no response was received from the local stores or the regional office, a complaint was filed with the Indiana Civil Rights Commission.

Soon thereafter, the advocate received a report from Dairy Mart that a

plan for fact-finding and correction of the ADA violations was underway.

Over the next year and a half, accessible curbs and ramps as well as parking lot markings were added to the three stores. The restrooms were modified to increase accessibility for those with disabilities. Training was also provided to management and staff to increase sensitivity and awareness.

Earlier this year, Dairy Mart achieved compliance with the ADA.

ROBERT AND VOCATIONAL REHABILITATION

Robert was about 50-years-old when he experienced tingling sensations in his hands and feet. The symptoms were followed by weakness, hearing loss and loss of consistent control of his extremities. He was diagnosed with multiple sclerosis. He contacted the Client Assistance Program and learned that Vocational Rehabilitation Services (VRS) helps individuals with disabilities work in some capacity. With VRS it

was determined that he would become a homemaker. Robert soon found out that VRS could not provide hand controls for his vehicle, a scald-proof bathtub faucet, a handheld shower, hearing aids and other modifications to increase accessibility. He contacted CAP for assistance. His advocate arranged a hearing at which time VRS determined that his functional impairments made the services necessary and they were provided.

The names in these cases have been changed to protect the anonymity of the client.

These cases have been closed, but in many instances are followed up to ensure that the rulings and agreements are being honored.

In 2000, IPAS represented 630 individuals and handled well over 5,000 inquiries.

Buildings to close, redevelop as regional center

■ Muscatatuck State Developmental Center and Madison State Hospital Center will be closed by December 2003.

Muscatatuck State Developmental Center and Madison State Hospital are undergoing significant change as the state prepares for its first regional facility.

In an April 2001 announcement, Governor Frank O'Bannon called for the creation of the state's first regional service center for people with developmental disabilities and/or mental illness.

The decision follows a U.S. Supreme Court ruling that individuals with disabilities be cared for in the least restrictive settings possible.

For both existing facilities, this meant immediate work toward implementing a downsizing effort that would help all residents during the transition to new care environments.

The regional center will stand on the site of the current Madison facility. At Muscatatuck, the downsizing will conclude with the last residents moving out no later than December 2003.

Naturally, families of residents in both facilities are concerned over

the transition of their loved ones, but all have been assured that no move will take place without their direct, intensive involvement in the process.

"My commitment is that we will conduct these downsizing efforts at both facilities with care and respect for each of the clients we serve, mindful of their wishes and choices to the highest degree possible," the Governor pledged.

Both The Association for Retarded Citizens of Indiana and Indiana Association of Rehabilitation Services were asked to be involved in the planning process, and both offered their support and willingness to participate.

The preliminary strategic plan approved by Governor O'Bannon will allow the Indiana Family and Social Services Administration (FSSA) to begin work on developing the new regional service center. Its points include:

- Freeze on all new admissions at Madison State Hospital as FSSA officials work on a downsizing plan. Persons needing care and treatment will be diverted to community mental health providers or to one of the four other state-operated mental health hospitals.

- Downsize Muscatatuck State Developmental Center in Jennings County to conclude with the last residents moved from the facility no later than December 2003.

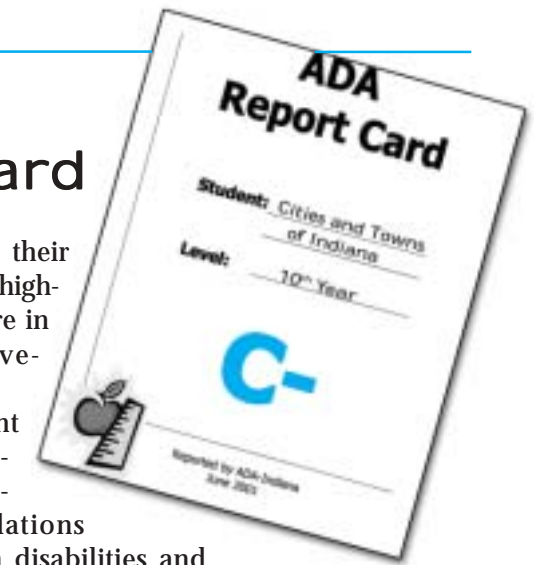
- Order for FSSA officials to develop project management teams that will focus on careful and planned transition of both Madison and Muscatatuck clients into the community, and analyze financial, facility, human resources, legislative, and communications issues presented by the downsizing efforts.

STATE DEVELOPMENTAL CENTERS PLAN

Highlights of the state's plan regarding institutional conditions

- Redesign of the habilitation and behavior programs at both centers, with training programs emphasizing resident safety with the least amount of restriction of their movement as possible
- Elimination of the use of bodily restraints unless clear evidence exists that other, less restrictive techniques have been used and were not successful with clients
- Careful monitoring of the use of psychotropic drugs and use only in instances where residents have a diagnosis including mental illness
- Appropriate medical and health care will be provided to all residents, with a new charting system created to record seizures suffered by residents, and careful monitoring of medications
- Appropriate nursing care to meet the medical and health need of residents
- Appropriate physical, occupational and speech therapy
- Maintenance of appropriate resident records

Indiana receives ADA report card



Other areas in need of work

- Access to public buildings
- Access to programs and services
- Attitudinal barriers and stigma
- Use of accessible parking
- Accessible housing / home modification
- Access to recreation and leisure activities
- Understanding use of service dogs

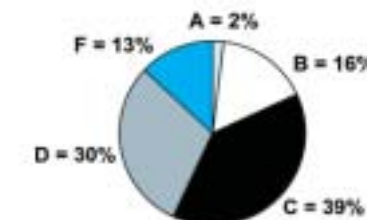
If a student earned a grade-point average of 1.65 during his high school career, chances are acceptance into college would be a difficult, if not impossible, task.

So what does this mean for the state of Indiana, which was awarded a 1.65 average by the 430 people who participated in the annual American with Disabilities Act report card?

There is much room for progress.

The survey participants were

Break-out of Grades: "GPA = 1.65"



source: ADA Report Card

asked to "grade" their communities and high-light areas that are in need of improvement.

Employment of people with disabilities, reasonable accommodations for workers with disabilities and transportation topped the list.

According to a recent survey by the ADA-Indiana, only a third of the adults with disabilities in Indiana are employed. Forty-one percent of the respondents are people with disabilities.

The results of this survey will be used for training by disability and social service groups and it will become the basis of criteria for ADA's community grants to be awarded next year.

For the complete ADA Report Card visit ADA Indiana at: <http://www.iidc.indiana.edu/~ada/>

Approved bill increases access to information technology

A bill passed by the Indiana General Assembly a few months ago will make life easier for disabled Hoosiers using information technology.

The bill, authored by David Crooks (D-Washington), was introduced to the Indiana House in January 2001. After minor amendments HB 1926 was approved by the General Assembly and signed into law by Governor Frank O'Bannon on May 2. It became effective July 1.

The premise of HB 1926 comes from Section 508 rule of the Rehabilitation Act, which states that when using information technology, public agencies should ensure that any of their employees with a disability have access to the same information and technology as non-disabled employees.

It also mandates that members of the public with disabilities who seek information or services from a public agency have accessibility to information and data that is comparable to what their non-disabled counterparts receive. The help of the Information Technology Oversight Commission (ITOC) has been enlisted to adopt these new technology standards. ITOC has formed a subcommittee, which includes someone with knowledge of

assistive technology as well as a person with a disability, to develop standards compatible with the principles in Section 508 of the Federal Rehabilitation Act. IPAS participates on the ITOC.

This law has the potential to affect more than 900,000 Hoosiers who have disabilities. Not only will it impact telecommunications, but education, employment, community living and health care as well. To comply with accessibility standards, these public agencies – barring an undue burden – must make improvements like ensuring computer hardware meets height and reach requirements and updating software to make it compatible with assistive technology. With the passage of the bill, people with disabilities will now have easier access to not only the technology of computer hardware and software, but fax machines, ATM machines, copiers and telephones.

The changes brought about by House Bill 1926 have been in the works for several years. President George H. Bush signed the Americans with Disabilities Act about 10 years ago, and President Bill Clinton kept things going by signing the Rehabilitation Act and Amendments and the Assistive Technology Act both in 1998.

Attaining advocacy excellence

In the last Impact, it was highlighted that IPAS is continually striving to improve its services.

To do so, IPAS maintains a multilevel customer satisfaction assessment program for those who have had cases opened and received advocacy services.

The following are some of the comments IPAS has received through its efforts.

Names have been removed to protect anonymity.

■ “Very pleased and surprised there are people out there that truly care about the care, safety and concerns of children; like my wife and I do of our special needs child. Thanks for the help and advice...”

■ “We’ve been using P&A services since the mid 80s. I have recommended P&A to others. P&A performs a much needed service...”

■ “We are so happy to get this opportunity to thank you and your staff member so very much. You are greatly appreciated...”

■ “[Our advocate] knew my son’s rights and held the school accountable ... your services were a God send (sic)...”

Comments from IPAS clients help the organization modify and improve its services. If you have a questionnaire and need help with the questions contact (800) 622-4845.



IPAS CONTRIBUTES IN DAIRY MART’S COMPLIANCE

I just wanted to write and say “thank you” for your assistance in helping Dairy Mart resolve the public accommodation problems that were uncovered at some of our Indiana stores. Your understanding and professionalism throughout the entire investigation and correction period were greatly appreciated.

I am confident that all of our Indiana stores will remain in compliance with ADA. Once again, thank you for helping Dairy Mart resolve these issues in a timely manner.

MICHAEL J. EWALD
*Dairy Mart
Manager Compensation and
Employee Relations*

IPAS welcomes any comments and suggestions about Impact articles or cases. You can reach IPAS at 4701 N. Keystone Ave. Suite 222; Indianapolis, IN 46205; (317) 722-5555; (800) 622-4845.

Scholarship highlights reintegration for persons with schizophrenia

For persons with schizophrenia, the idea of reintegrating into their communities was thought of as unrealistic and unobtainable by many. But with the advent of newer medications, lives have been transformed.

However, medication is only the first step. For reintegration to be a success, consumers need the support of people and programs in their communities. The Lilly Reintegration Scholarship provides educational opportunities to transition from a world of chaos and withdrawal to one of accomplishment.

This scholarship helps people with schizophrenia and related schizophrenia-spectrum disorders to acquire the educational and vocational skills necessary to reintegrate into society, secure jobs and regain their lives.

In 2001, more than 80 people with schizophrenia or related disorders were awarded the fourth annual scholarship.

ELIGIBILITY

In order to be eligible for consideration for the Lilly Reintegration Scholarship, applicants must:

■ Be diagnosed with schizophrenia, schizophreniform or schizoaffective disorder

■ Be currently receiving medical treatment for the disease, including medications and psychiatric follow-up

■ Be actively involved in rehabilitative or reintegrative efforts, such as clubhouse membership, part-time work, volunteer efforts or school enrollment

■ Be a U.S. resident

■ Complete an application package that includes an application form, essay, transcripts (if applicable), recommendation forms from three references and school financial requirements

To request an application or receive more info either call (800) 809-8202 or e-mail lillyscholarships@ims-chi.com

Indiana Protection and Advocacy Services

IPAS Commission

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Marion

Vicki Conlin (*Secretary*)
Clark

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Lake

Kristie M. Carter*
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Hancock

Rebekah F. Pierson-Treacy,
R.N., J.D.*
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Alan Spaulding
Blackford

Two Vacancies
*Gubernatorial appointment

Advisory Members

Senator Robert N. Jackman, D.V.M
Decatur, Fayette, Franklin, Rush, Shelby

Representative John J. Day
Marion

IPAS’ Mental Illness Advisory Council

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Allen

Robert J. Bonner (*Vice Chairperson*)
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Katrina Henricks (*Secretary*)
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Lake

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Melanie Motsinger
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All council seats are gubernatorial appointments

Staff Positions

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Thomas Gallagher
Executive Director

Milo Gray Jr.
Legal and Client Services Director

Gary Richter
Support Services Director

Support Services Division

Sharee Glover
Secretary

Anthony Liggins
Data Entry

Elizabeth Najjar
Systems Manager

Karen Pedevilla
Education & Training Director

Sondra Poe
Administrative Secretary

Lori Sanders
Account Clerk

Judith I. Wade
Fiscal Officer

Client and Legal Services

Debra Dial
Attorney
PAIR Program Coordinator

Gary Ricks
Attorney
PAAT Program Coordinator

Sue Beecher
Assistant Director of Client Services
PABSS & CAP Program Coordinator

David Boes
Assistant Director of Client Services
PAIMI Program Coordinator

Dee-Enrico-Janik
Assistant Director of Client Services
PADD Program Coordinator

Donna Dellinger
Advocacy Specialist

Elaine Evans-Forsythe
Advocacy Specialist

Doug Goepfner
Advocacy Specialist

Peggy Owens
Advocacy Specialist

Debra Thomas
Advocacy Specialist

Daniel Ward
Advocacy Specialist

Terry Whitman
Advocacy Specialist

Member Recruitment

IPAS is always looking for new Commission and Advisory Council members to help serve the needs of the disabled and the mentally ill.

Commission members must have a commitment toward promoting the legal and civil rights of persons with developmental disabilities, mental illness or other disabilities, and to the cause of protecting and promoting those individuals' rights to make their own personal choices.

The IPAS Commission consists of 13 members, of which the Governor appoints four, and the remainder is appointed by the majority vote of the membership.

The Mental Health Advisory Council consists of 10 members appointed by the Governor. Members serve four-year terms.

For more information, call the Protection and Advocacy System for Indiana at (317) 722-5555.

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